

PART B - FEE(S) TRANSMITTAL

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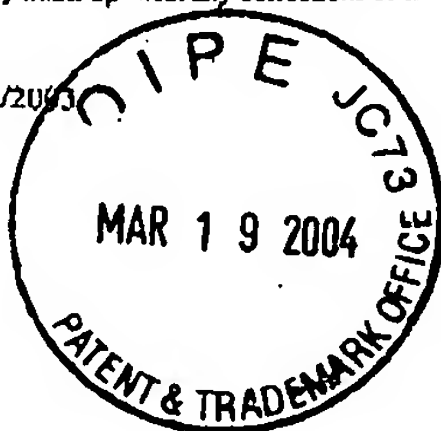
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

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7590
 PACESETTER, INC.
 15900 Valley View Court
 Sylmar, CA 91392-9221

12/22/2003



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Cristene Amador

(Depositor's name)

Cristene Amador
 3/16/04

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/084,521	02/25/2002	Mark W. Kroll	A02P1019	6218

TITLE OF INVENTION: IMPLANTABLE CARDIOVERTER DEFIBRILLATOR WITH SWITCHABLE POWER SOURCE AND PATIENT WARNING SYSTEM CARDIAC DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TOATLEY, GREGORY J	2836	307-066000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PACESETTER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court
 Sylmar, CA 91392-9221

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.
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3/16/04

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 02 FC:1504 300.00 DA
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**TELECOPIER COVER SHEET**

March 16, 2004

To: Commissioner for Patents	From: Cristene Amador Patent Assistant 818/493-3103
Attention: BOX ISSUE FEE	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/746-4000	Telecopier: 818/362-4795
RE: Payment of ISSUE FEE Applic. No. 10/084,521 Filed: 02/25/2002 Docket No. A02P1019	Number of pages being sent: <u>2</u> (including cover page)

3/19/04

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